## TOWN OF CLARENCE APPLICATION FOR USE OF THE LEGION HALL

NAME OR ORGANIZATION	s desired.		
TYPE OF EVENT		NO. OF PEOPLE	
DATE OR DATES REQUIRED			
HOURS REQUIRED - TIME IN		TIME OU	Т
FEE \$	DATE PAID		:
DEPOSIT \$			SIT RETURNED
		REGULATIONS	
			on and only residents of the Town of application. Applicant must be at leas
The Legion Hall may be u Midnight.	sed for fund raising event	s and social functions	s. Hours for use are 8:00 AM to 12:00
Legion Hall will be closed Christmas Day.	New Year's Eve, New Y	′ear's Day. Easter, T	hanksgiving Day, Christmas Eve and
4. At least 1/2 of the group unames and addresses of b	sing the facility must be ooth Clarence residents ar	Clarence residents. F nd non-residents mus	Proof of residency is required and the to the submitted with this application.
<ol><li>Maximum occupancy of the Smoking is allowed.</li></ol>	ne Legion Hall is 110. A	minimum of 20 peop	le are required to use the facility. No
	2 separate checks payabl	e to: Clarence Town	nd refundable upon inspection of the Clerk. Non-service organizations are ganizations.)
7. The key for the building m	ust be picked up and retu	rned at the Town Cle	erk's Office by the applicant.
8. Groups may use the kitche	en facilities, however, they	must supply their ov	vn dishes, silverware, etc.
<ol><li>Reservations for use of th should also be made AT L</li></ol>	e Legion Hall must be ma EAST 48 HOURS IN AD\	de AT LEAST 48 HC /ANCE to the Town (	DURS IN ADVANCE. Any cancellation Clerk at 741-8938.
10. Return completed applicat			Clarence, NY 14031.
THE TOWN BOARD WILL HO ANY DAMAGE TO TOWN FA	OLD THE USER RESPON CILITIES OCCURRING AI	SIBLE FOR SUPERV ND RESULTING FRO	/ISION OF THEIR GROUP AND FOF
DATE			
TELEPHONE	ADDRESS		-
APPROVED			Town Doord
l	own Clerk		Town Board

DATE\_

DATE